



LIVESTOCK NUTRIENT MANAGEMENT PROGRAM INSPECTION REPORT

Facility Name: _____ AG ID No: _____ Permit ID: _____

Date of Inspection: _____ Arrival Time: _____ Permit Status: _____

WSDA Inspector(s): _____

Others: _____

Inspection Type: (check one)

☐ Initial (New) ☐ Routine ☐ Follow Up ☐ Technical Assistance

☐ Facility Closure ☐ Permit Cancellation ☐ Investigation

☐ Complaint ERTS# _____ Referred from _____

Property Owner's Name: _____ Phone No: _____

Facility Operator's Name: _____ Mobile No: _____

Facility Address: _____ Email: _____

_____ County: _____

Mailing Address: _____ Drainage/WRIA: _____

Weather **Past 24 Hours** ☐ Storm ☐ Freezing ☐ Rain ☐ Showers ☐ Overcast ☐ Clear

Current ☐ Storm ☐ Freezing ☐ Rain ☐ Showers ☐ Overcast ☐ Clear

Explanation of regional environmental concerns: _____

Approximate distance facility is from waters of the state: _____

I. Inspection History

- | | Yes | No | |
|--|--------------------------|--------------------------|-------------------------------|
| 1) Has WSDA (or Ecology) inspected this farm before? | <input type="checkbox"/> | <input type="checkbox"/> | Date of last inspection _____ |
| 2) Has or is the farm currently under a formal enforcement action? | <input type="checkbox"/> | <input type="checkbox"/> | |

II. NMP Information

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1) Does the farm have a livestock nutrient management plan (NMP)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Is the livestock nutrient management plan on site? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Is the NMP approved by a conservation district? Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Is the NMP certified by a conservation district? Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Is the NMP certified by the livestock producer? Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Who developed the NMP? _____ | | |
| 7) Acreage NMP was developed for _____ Current total acreage _____ | | |
| 8) Herd size NMP was developed for Milking _____ A# Dry Cows _____ A# Heifers _____ A# Total _____ A# | | |

III. Detail of Current Animal Inventory

Dairy Livestock	A#	AU	Non-Dairy Livestock	A#	AU
1) Milking Cows	_____	_____	1) _____	_____	_____
2) Dry Cows	_____	_____	2) _____	_____	_____
3) Heifers (6 mos - fresh)	_____	_____	3) _____	_____	_____
4) Calves (0 - 6mos)	_____	_____	4) _____	_____	_____

Total animals on site _____ Total animals on site _____

Are there any additional rearing or feeding operations associated with the operation of this facility? ☐ Yes ☐ No

If yes, explain _____

Facility Name: _____

Date: _____

IV. Nutrient and Leachate Collection

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1) Number of days per year animals are confined? _____ Milking _____ Dry Cows | | |
| 2) Is all the manure in the confinement area contained and directed to storage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Is milk parlor and milking barn wash down water collected and transferred to storage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Is roof runoff water diverted away from contaminated areas? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Is plate cooler water diverted away from contaminated areas? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Is plate cooler water Recycled? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Silage leachate <input type="checkbox"/> Collected and transferred to storage <input type="checkbox"/> Filter Strip <input type="checkbox"/> Ag Bags <input type="checkbox"/> Silo <input type="checkbox"/> Other _____ | | |
| 8) Is any area of the farm acreage frequently flooded? | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____

V. Nutrient Storage

- 1) What type of nutrient storage is used? ☐ Manure lagoon ☐ Above ground tank ☐ Under ground tank
☐ Dry stack ☐ Manure pit ☐ Covered on slab
- 2) Total lagoon storage- capacity/volume _____ Months/Year _____ Current amount of storage utilized _____ %
- 3) Lagoon Solids Build Up ☐ Light ☐ Medium ☐ Heavy
- 4) Dike Condition ☐ Good ☐ Fair ☐ Poor
- 5) Treatments ☐ Solid Separator ☐ Composting ☐ Digester ☐ Other _____
- 6) Total solids storage - capacity/volume _____ Months/Year _____ Current amount of storage utilized _____ %
- 7) How do you handle your animal mortalities? ☐ Carcass Burial ☐ Composting ☐ Incineration ☐ Digestion
☐ Landfill ☐ Rendering by licensed rendering plant ☐ Other _____

Comments: _____

VI. Nutrient Application

How are nutrients applied? ☐ Sprinkler (big gun) ☐ Sprinkler (irrigation system) ☐ Dry Spreader
☐ Spreader (honey wagon) ☐ Injector ☐ Other ☐ Custom Applicator

- | | Yes | No | Years records maintained |
|--|--------------------------|--------------------------|--------------------------|
| 1) Is commercial fertilizer utilized in crop production? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2) Are nutrient export records maintained? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3) Are water quality testing records maintained? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4) Are nutrient application records maintained? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5) Are nutrient testing records maintained? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6) Are soil testing records maintained? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Number of Fields/Management Units _____ Perennial _____ Annual

Soil Nitrate-N _____ Acceptable _____ Needs Attention

Soil Phosphorus _____ Acceptable _____ Needs Attention

Comments: _____

Facility Name: _____ **Date:** _____

VII. Current Inspection Outcome

- | | | |
|--|--------------------------|--------------------------|
| 1) Does livestock have direct access to surface water? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Is there a release of pollutants to waters of the state? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Is there evidence of a release of pollutants to waters of the state? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Is there an immediate potential for a release of pollutants to waters of the state? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Were any photographs taken? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Were any water samples taken? | <input type="checkbox"/> | <input type="checkbox"/> |
-
- | | | | | |
|-------------------------|-------------------------------------|--------------------------|--------------------------|---------------|
| | | Yes | No | Follow Up By: |
| 7) Is follow up needed? | For facility issues | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | For record or application issues | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | NMP Update | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | Referred to CD Technical Assistance | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
-
- 8) Compliance activity? *(Check those that may apply)*
- ☐ WARNING
 ☐ NOV
 ☐ ORDER
 ☐ PENALTY
 ☐ PERMIT
 ☐ NONE

Comments: _____

Are Additional Comments Attached ☐ Yes ☐ No

Please send requested information to Livestock Nutrient Management Program, WSDA

<input type="checkbox"/> Southwest Region 2 nd Floor Natural Resources Building, 1111 Washington Street SE, Olympia, WA 98504 (360) 902-1928 FAX (360) 902-2000	<input type="checkbox"/> Northwestern Region 6951 Hannegan Road, Suite 10 Lynden, WA 98264 (360) 961-7412 FAX (360) 354-7421
<input type="checkbox"/> Eastern Region PO Box 698 Ephrata, WA 98823 (509) 969-7140 FAX (509) 754-6019	<input type="checkbox"/> Puget Sound Region 1914 N. 34th ST, Suite 107 Seattle WA. 98103 (360) 202-3257 FAX (206) 632-7576

Producer approves to have copy of report sent to Conservation District / Consultant ☐ Yes ☐ No

WSDA Inspector Signature
Date

Departure Time: _____

Facility Contact Signature	Date
----------------------------	------

Acknowledging Receipt